

**United States Bankruptcy Court
WESTERN DISTRICT OF TENNESSEE
CHAPTER 13**

In Re: BRODERICK CAPRICE HILL

Chapter 13

Debtor(s)

DEBTOR(S): (H) Broderick Caprice Hill S.S.# xxx-xx-2284

(W) _____ S.S.# xxx-xx-xxxx

ADDRESS: 3859 Hickory Farms Dr. # 2

Memphis, TN 38115

PLAN PAYMENT: Debtor(s) to pay \$220.00 **Bi-Weekly**

PAYROLL DEDUCTION(X) OR DIRECT() BECAUSE:

EMPLOYER: American Family Dentistry of Memphis, PC

401 Edgewater Place, Ste 430

Wakefield, MA 01880

ADMINISTRATIVE: Pay filing fee, Trustee's fee, and debtor's attorney fee, pursuant to Court Order.

MONTHLY
PLAN PAYMENT

AUTO INSURANCE: (X) Not included in Plan (_____) Included in Plan

CHILD SUPPORT: Future support through Plan to : _____.

Child support arrearage amount _____

CLASS 1-LEASE-Hickory Farms Apts-ASSUME

-CURRENT

HOME MORTGAGE: If no arrearage, ongoing payments are to be made directly by the debtor(s).

_____ Ongoing pmt. begins : _____ 2015 \$ _____
Approx. arrearage _____ Interest _____ % \$ _____

SECURED CREDITORS: Adequate protection payment will be 1/4 (25%) of proposed creditor monthly payment.
(retain lien 11 U.S.C. §1325(a)(5))

	<u>VALUE OF COLLATERAL</u>	<u>RATE OF INTEREST</u>	<u>MONTHLY PLAN PAYMENT</u>
<u>GM Financial</u>	<u>\$ 15,000.00</u>	<u>5.0 %</u>	<u>\$360.00</u>

UNSECURED CREDITORS: Absent a specific court order otherwise, all claims, other than those specifically provided for above, shall be paid as general unsecured debts. General Unsecured creditors will receive TBD%

ESTIMATED TOTAL UNSECURED, NON-PRIORITY DEBT: \$ 15,993.18

TERMINATION: Plan shall terminate upon payment of the above, approximately 60 months.

FAILURE TO FILE TIMELY WRITTEN OBJECTION TO CONFIRMATION WILL BE DEEMED
ACCEPTANCE OF PLAN.